



The National Maternity Hospital
Vita Gloriosa Vita ~ Life Glorious Life



Schwartz Centre Rounds® at the National Maternity Hospital



Nursing & Midwifery
Planning & Development Unit
Dublin South, Kildare and Wicklow

This study was funded by: Nursing and Midwifery Planning and Development Unit, Dublin South, Kildare & Wicklow



The
Point of Care
Foundation

Introduction: What are Schwartz Rounds?



Schwartz Rounds are multi-disciplinary forums where staff (clinical and non-clinical) can discuss the emotional, social and ethical challenges of care in a confidential and safe environment, intending to improve staff well-being and patient care. The Rounds do not focus on the technical aspects of care or problem-solving. Instead, the Rounds provide colleagues with an opportunity to discuss and reflect on a particular incident and how this experience made them feel¹. The Schwartz Centre for Compassionate Care was developed in the USA in 1995, whereby the Rounds, which follow a particular format, commenced. At present, the Rounds are run in over 650 healthcare organisations internationally. The first Schwartz Round in Ireland took place in 2015. The NMH is the first maternity unit in Ireland to initiate Schwartz Rounds. The overall aim of Schwartz Rounds is to provide care to the care providers, so that they can, in turn, provide exemplary care, directly or indirectly, to the women and families in your care.

How do Schwartz Rounds work?

Schwartz Rounds were implemented at the National Maternity Hospital (NMH) in 2019 by Sarah Cullen (Bereavement CMS)² and run by a team of facilitators, an administrator and a steering group. The Rounds involve highly structured theme-based discussions. The facilitators and an administrator have received training through the Point of Care Foundation, which implemented the Schwartz Rounds in the UK and Ireland. The Round is usually held in a lecture theatre in NMH and is open to all staff members, regardless of discipline or experience. Approximately three staff members who volunteer to be panellists (storytellers) share an experience, under a specific theme, assigned to that specific Round. This is followed by a facilitated open and confidential group discussion between the attendees and the panellists. Here, the audience shares their emotional or social reaction to what they heard and may even share a similar experience of their own. Attendance is voluntary, as is engagement in the conversation that follows the panellists' stories. Attendees are welcome to sit and listen and reflect internally. A set of ground rules defining the boundaries of the discussion are established by

the facilitator before each Round. The Round lasts one hour. Lunch is usually provided before the Round. Unfortunately, after the first four Rounds in the NMH, Covid-19 restrictions paused the Rounds for several months and then re-commenced virtually, temporarily discontinuing the provision of lunch to the attendees. Some themes which have been covered to date are:

A day to remember
A colleague I'll never forget
New beginnings
Thrown in at the deep end
Covidtastrophe
What community means to me

Staff members from the portering, obstetric, midwifery, social work, medical sciences, and pharmacy departments have all told stories at the previous Rounds at the NMH and attendance has varied from approximately 25 to over 50.

Known benefits of Schwartz Rounds

Internationally, Schwartz Rounds have been reported to improve working relationships of people working in health settings through shared experiences and reflection³. Burnout, stress and intention to leave are extremely high among healthcare workers^{4,5}. Burnout is associated with exhaustion and reduced efficacy, motivation and empathy⁶⁻⁸, ultimately reducing quality patient care. Empathy, teamwork, and compassion within healthcare teams are essential in reducing burnout and compassion fatigue^{6,9} and improving clinician-rated patient safety¹⁰. An evaluation of the Schwartz Rounds in the UK reported an increase in Round attendees' psychological well-being compared to non-attendees¹¹. The same study reported an increased compassion and empathy for colleagues and patients. An Irish evaluation of the Rounds in a paediatric setting recommended this intervention to give staff space to feel listened to, thus improving working conditions¹². Furthermore, respondents from the Irish Schwartz Rounds pilot evaluation found that attendees gained a greater insight into themselves and their colleagues, breaking down barriers and a levelling of hierarchical structure, improving teamwork and staff interactions¹³.



Evaluation of Schwartz Rounds in a Maternity Setting

Six Schwartz Rounds, conducted at the NMH, were included in an evaluation study.

Study aim

To evaluate the views of staff on their experiences of attending Schwartz Rounds.

Methods

Ethical approval was granted by the Research Ethics Committee for this evaluation. Standard Schwartz Rounds evaluation forms, developed by the Point of Care Foundation, were completed by Rounds attendees, and these were used in the data collection process. Completion of feedback forms was voluntary and anonymous. Forms included nine questions, on a five-point Likert scale, ranging from 'strongly disagree' to 'completely agree', as well as collecting data about the respondent's profession within the organisation, how many Rounds they had attended previously and how they were informed about the Rounds. Data were analysed using SPSS (Version 24). Respondents were invited to include a comment at the end of the form, and these free-text comments were analysed thematically.

Results

Data were collected from feedback forms between December 2019 and May 2021. Typically, a Round would take place approximately every six weeks. However, due to the Covid-19 pandemic, Rounds were paused on two occasions – March - November 2020 and December 2020 - February 2021. The first two Rounds analysed were standard in-person Rounds, held in a lecture theatre, with lunch provided before each Round. The third Round evaluated was a virtual Round. The last three Rounds evaluated were blended, using a virtual platform and having limited spaces available in a large lecture theatre for people without computer access. Panellists and facilitators were all present in the lecture theatre.

In total, the six Rounds were attended by 237 people, and 115 feedback forms were completed. This is a 55% response rate.

Table 1, below, presents the distribution of professions attending Schwartz Rounds. A wide range of departments/professions were included in this evaluation. The largest percentage of attendees were of Midwifery management, which includes Clinical Midwife Managers (CMM1-3) and the Assistant Directors and Director of Midwifery and Nursing. Although invited, there were no attendees from the catering, household or portering departments included.

Table 2 presents the evaluation questions and responses. Overall, the feedback was highly positive. The questions that received the most positive responses connected with planning on attending a Round again and recommending the Rounds to colleagues, with 99.1% and 100% agreeing 'somewhat' or 'completely' to these comments, respectively. The question that received the lowest positive feedback connected with how the respondent feels about their work as a result of attending a Round. A total of 8.7% 'neither agreed nor disagreed' with this comment. The other 92.3%, however, 'agreed somewhat' or 'completely'. The Schwartz Rounds were rated 'excellent' or 'exceptional' by 94.2% of all respondents.

In order to compare attendee's satisfaction with standard in-person Rounds (n=55) with virtual or blended Rounds (n=60), the breakdown of responses is also presented in table 1. Generally, respondents rated the in-person Round more favourably than the blended and virtual Rounds. Respondents in both groups would recommend the Round to colleagues and attend a Round again. However, there was a statistically significant difference in responses for the comment stating that the group discussion was helpful, with 90.9% of people attending an in-person Round 'completely agreeing' with this statement, compared to 68.3% of the respondents from a virtual/blended Round. Additionally, 68.3% of blended/virtual Round attendees 'completely agreed' with the statement that the Round would help them work better with their colleagues,

Table 1: Distribution of professions attending Schwartz Rounds

Obstetrics 9 (7.9%)	Midwifery Management 18 (15.7%)	Midwifery/Nursing 17 (14.8%)
Neonatology 2 (1.7%)	Professional Development 10 (8.7%)	Physiotherapy 11 (9.6%)
Social work 2 (1.7%)	Perinatal Mental Health 3 (2.6%)	Administration 11 (9.6%)
Psychology 2 (1.7%)	Advanced practice/Clinical specialist 8 (7.0%)	Radiology 1 (0.9%)
Pharmacy 2 (1.7%)	Medical Science 4 (3.5%)	Other 8 (7.0%)

Table 2: Responses for each of the ten statements in the questionnaire and overall rating

Black = Overall results (n=115)

Green = Full in-person Rounds (n=55)

Blue = Virtual/blended Rounds (n=60)

	Strongly disagree	Disagree somewhat	Neither agree nor disagree	Agree somewhat	Completely agree
	n (%)				
The stories presented by the panel were relevant to my daily work	0	0	0	21 (18.3)	94 (81.7)
	0	0	0	8 (14.5)	47 (85.5)
	0	0	0	13 (21.7)	47 (78.3)
I gained insights that will help me to meet the needs of patients	0	1 (0.9)	5 (4.3)	27 (23.5)	82 (71.3)
	0	0	1 (1.8)	8 (14.5)	46 (83.6)
	0	1 (1.7)	4 (6.7)	19 (31.7)	36 (60.0)
Today's Round will help me work better with my colleagues	0	1 (0.9)	3 (2.6)	23 (20)	88 (76.5)
	0	1 (1.8)	1 (1.8)	6 (10.9)	47 (85.5)
	0	0	2 (3.3)	17 (28.3)	14 (68.3)
The group discussion was helpful to me	0	0	1 (0.9)	23 (20)	91 (79.1)
	0	0	0	5 (9.1)	50 (90.9)
	0	0	1 (1.7)	18 (30)	41 (68.3)
I have a better understanding of how my colleagues feel about their work (n=114) (n=54)	0	0	1 (0.9)	21 (18.4)	92 (80.7)
	0	0	0	6 (11.1)	48 (88.9)
	0	0	1 (1.7)	15 (25)	44 (73.3)
I have a better understanding of how I feel about my work	0	0	10 (8.7)	33 (28.7)	72 (62.6)
	0	0	2 (3.6)	11 (20)	42 (76.4)
	0	0	8 (13.3)	22 (36.7)	30 (50)
I plan to attend Schwartz Rounds again	0	0	1 (0.9)	3 (2.6)	111 (96.5)
	0	0	1 (1.8)	2 (3.6)	52 (92.5)
	0	0	0	4 (6.7)	56 (93.3)
I would recommend Schwartz Rounds to colleagues	0	0	0	6 (5.2)	109 (94.8)
	0	0	0	2 (3.6)	53 (96.4)
	0	0	0	4 (6.7)	56 (93.3)
	Poor	Fair	Good	Excellent	Exceptional
Please rate today's round (n=102) (n=46) (n=56)	0	1 (1.0)	5 (4.9)	43 (42.2)	53 (52)
	0	1 (2.2)	0	14 (30.4)	31 (67.4)
	0	0	5 (8.9)	29 (51.8)	22 (39.3)

compared to 85.5% of the in-person attendees. The comment related to whether the respondent feels differently about their work as a result of attending a Round also differed significantly, with 50% of the blended/virtual Round respondents 'completely agreeing', compared to 76.4% of the in-person Round attendees. The overall rating of the Schwartz Rounds was also statistically higher for in-person attendees.

Respondents were also invited to write comments related to their experience of attending the Round and a half (50.4%) of the completed forms included a free-text comment. Examples of these comments are presented in figure 1, under four themes: Stories, sharing, gratitude and Schwartz during Covid-19. As with the multiple-choice questions, the comments were highly favourable and complimentary. Several respondents described their emotional reaction to attending the Schwartz Round. They highlighted how the shared experiences of colleagues will make them think of other people's emotions more in the future. The honesty of the discussions was perceived positively, and there was significant respect and gratitude to the panellists for sharing their emotions and experiences. Some respondents commented on the difference between an in-person Round and attending the Round online.

There were technical issues at the first virtual Round, with people not having adequate speakers on the computers around the hospital, and some people found the panellists difficult to hear. Additionally, having a Round online was perceived to reduce the natural flow of the discussion compared to an in-person Round.

In terms of understanding how staff members are informed about Schwartz Rounds, attendees were asked to tick each communication platform which applied to them. Respondents could tick more than one option. Email and word of mouth were the most effective methods of communicating the Rounds, with 72.9% and 37.4% of respondents reporting hearing about the Rounds through these methods, respectively. Posters (28%) and previous Rounds (19.6%) were also reported.

The panellists were provided separate surveys asking them for their feedback on their experience. Ten questions were asked on a 5-point Likert scale ranging from 'strongly disagree' to 'strongly agree'. In total, 17 panellists told stories over the six Rounds, and 12 feedback forms were completed and analysed. Please see table 3 below for the results of the panellist feedback. Almost all (91.7%) of the panellists would recommend being a panellist and 100% of the respondents reported

Table 3: Schwartz panellist questions and responses (n=12)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
	n (%)				
I knew what to expect at the Round	0	0	1 (8.3)	3 (25)	8 (66.7)
I felt supported throughout the preparation process	0	0	0	1 (8.3%)	11 (91.7)
I felt fully prepared to share my story at the Round	0	0	0	1 (8.3%)	11 (91.7)
I enjoyed being a Schwartz panellist (n=11)	0	0	0	5 (45.5)	6 (54.5)
I feel more connected to my colleagues by being a panellist	0	0	1 (8.3)	4 (33.3)	7 (58.3)
It has given me time to reflect on my work role	0	0	1 (8.3)	4 (33.3)	7 (58.3)
I have noticed a positive change in my work since being a panellist (n=9)	0	1 (8.3)	3 (33.3)	2 (22.2)	3 (33.3)
I feel I have gained professionally from being a panellist (n=11)	0	0	3 (27.3)	5 (45.5)	3 (27.3)
I feel I have gained personally from being part of the panel	0	0	1 (8.3)	4 (33.3)	7 (58.3)
I would recommend being a Schwartz panellist to colleagues	0	0	1 (8.3)	3 (25)	8 (66.7)

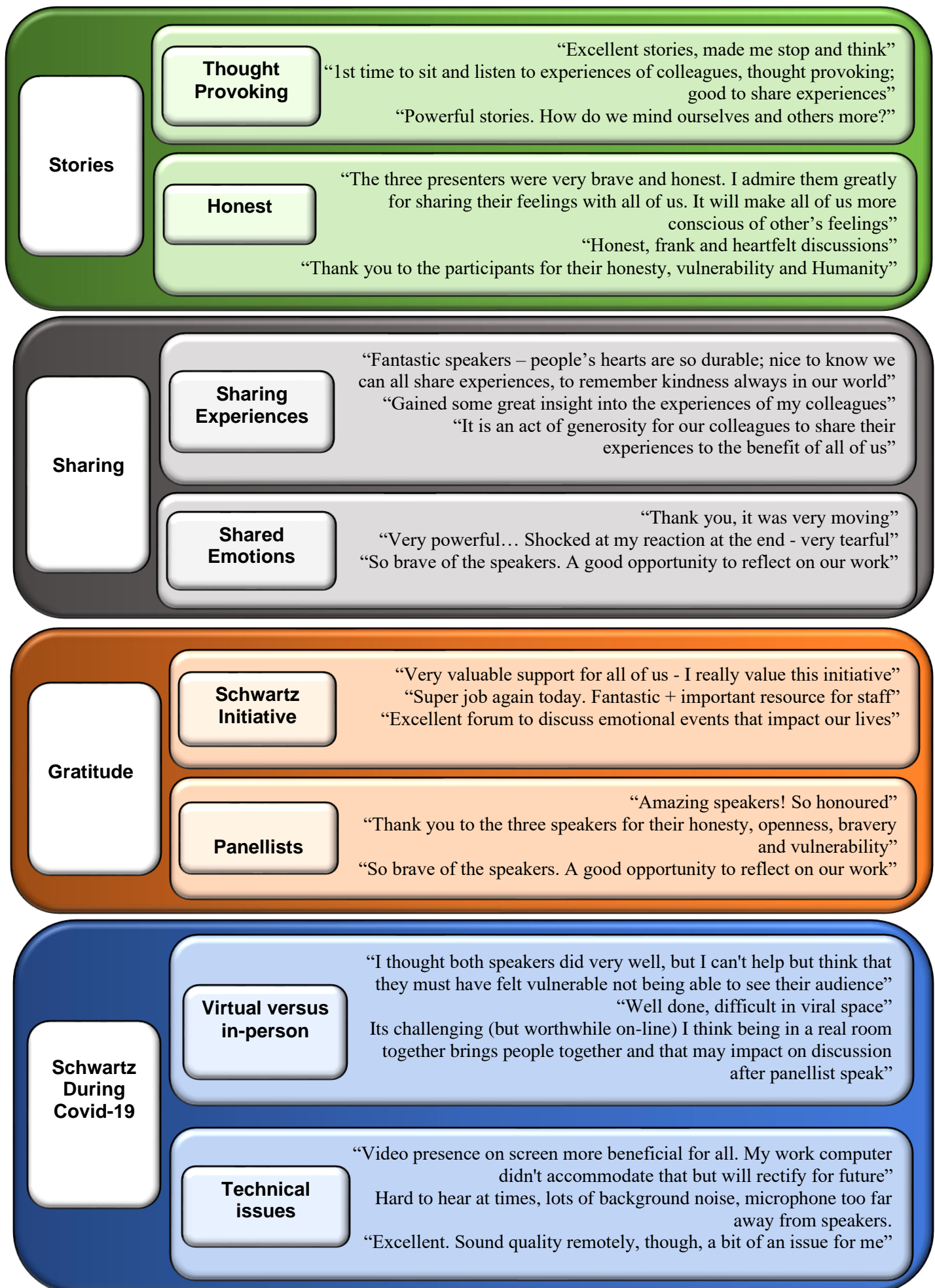


Figure 1: Free-text comment themes and associated comments

enjoying being a panellist. Firm agreements were made to the statements connected with the support they received by the facilitators and the help in preparation they received. One question received mixed responses. Panellists were asked if they have noticed a positive change in their work since being a panellist. Only 55.5% agreed or strongly agreed with this statement, and three panellists did not answer this question. Two panellists commented that it was too soon to answer this question as the survey was completed immediately after the Round.

Discussion

Overall, the experience of staff attending Schwartz Rounds from a diverse range of disciplines within the NMH was extremely positive. The Rounds were rated excellent or exceptional by over 94% of respondents, and all respondents would recommend the Rounds to colleagues. These findings provide valuable evidence for the promotion and recommendation of Schwartz Rounds within the maternity setting in Ireland. At an organisational level, the NMH places great importance on supporting staff well-being. Schwartz Rounds were deemed by senior management as an ideal intervention to assist in the reduction of work-related stress and burnout and promote the fostering of transparent, positive and open work cultures. Supportive social-emotional cultures at all levels in the NMH should be promoted and managed within all work environments. Studies evaluating Schwartz Rounds have provided empirical evidence for helping healthcare workers from a variety of healthcare settings to feel less isolated and provide more significant insights into psychological aspects of teamwork and care^{14,15}. Participants in a Canadian qualitative study reported a renewed passion for their work, reduced stress, and a greater sense of community¹³. The more Rounds the participants attended, the more profound the change reported¹³. Respondents in the current study highlighted their increased compassion and openness to vulnerability due to the experiences shared during Rounds. This sharing of emotions and experiences will allow for a more positive and supportive work culture. Furthermore, being open to a person's own, and others, vulnerabilities allows for better recognition and management of stress¹⁴.

Due to limited numbers in this study, it was impossible to undertake a comparative analysis of overall ratings, or experiences, between different staff groups. However, the above qualitative study compared the experience of clinical and non-

clinical staff¹³. Their study highlighted the benefits of Schwartz Rounds for non-clinical staff. The Rounds helped non-clinical staff see that even though their contact with patients was minimal or non-existent, they are part of a hospital-wide bubble – a chain or cluster of activities that contribute to overall patient care. The main difference between clinical and non-clinical staff was the impact of stress reduction, presumably due to their different roles within the hospital. Furthermore, non-clinical staff often felt that they attended Schwartz Rounds as an 'outsider' due to limited patient contact. These findings could explain the low attendance of non-clinical staff at Schwartz Rounds in the NMH. Non-clinical staff in healthcare settings are often neglected when it comes to interventions to improve staff well-being¹. The Schwartz team at the NMH has prioritised providing a mixture of stories and themes, which emphasises the person, rather than the technical aspects of care, to allow for inclusive conversation. However, further research into how non-clinical staff can manage stress and how Schwartz Rounds can accommodate and be more beneficial to non-clinical staff is warranted. The timing of Rounds has also needed careful consideration. Due to the nature of hospital staff work, it is not possible to accommodate all staff groups at all Rounds. The Rounds at the NMH are generally held at noon to accommodate ward staff. However, this impacts staff from other departments who may be extremely busy at this time. Attempting Rounds at different times of the day could go some way to include different staff groups at different Rounds.

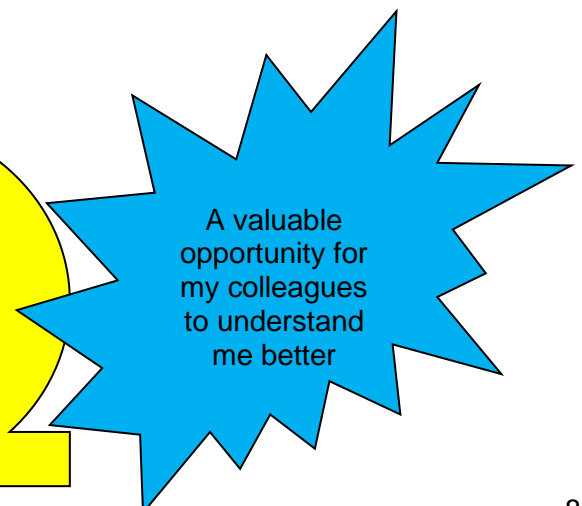
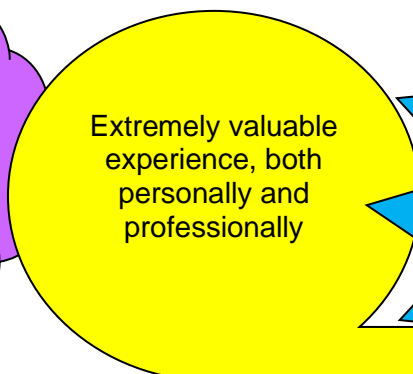
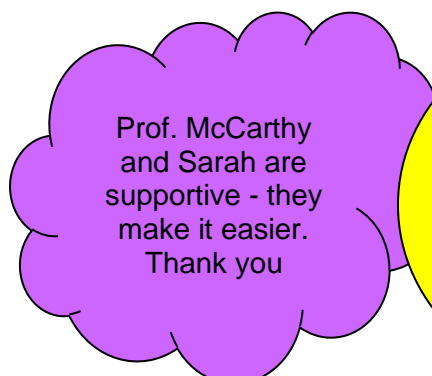
Schwartz Rounds using a virtual platform

The term 'unprecedented times' has been used continuously since the onset of the Covid-19 pandemic. Indeed, never in our history has there been such a rapid and severe change, or challenge, to health services, world-wide. The immediate priority was the safety of patients, with numerous policy changes; operational and logistical challenges; supply and informational barriers and staff illness and stress^{15,16}. For the safety of the staff at the NMH, the Schwartz Rounds were suspended as social distancing was not possible at the time and lack of evidence as to the transmission of Covid-19 was not yet known. The swift technical innovations brought on by the pandemic's restrictions allowed for virtual group meetings, medical consultations and conferences. The Schwartz team, eager to continue to provide staff support during this challenging time, introduced the first virtual Round, then proceeded to commence blended Rounds, in order to cater for

ATTENDEE FEEDBACK:



PANELLIST FEEDBACK:



as many staff members as possible. Although the first few in-person Schwartz Rounds were attended by many staff members, in-person attendance at the blended Rounds was minimal. This could be due to staff members perception of safety in a group setting, or perhaps staff have become more accustomed to the virtual platform for meetings.

The results of the multiple-choice questions and the free-text comments provided interesting findings in relation to the positive impact of a Schwartz Round, in-person compared to virtually. Technical issues are a common feature of the virtual world of today. Indeed, attendees commented on the technical issues they encountered, particularly in the first virtual Round, but also, somewhat less, in the Rounds that followed. Further, the post-panel discussion, a key and essential element of Schwartz Rounds, had a significantly higher impact during the in-person Rounds, compared to the virtual Rounds. This is not a surprising finding. Previous research has highlighted the limitations of virtual platforms in recognising non-verbal cues, feelings and body language^{17,18}. A review of the literature on virtual team meetings identified many challenges, such as limitations in relationship building, trust, cohesion and overall team performance¹⁷. Furthermore, technology can cause communication breakdowns, with issues such as time lags, lack of familiarity with media platforms, the use of written chat elements of platforms rather than speaking and audio problems¹⁷. For these reasons, Munro and Swartzman¹⁸ advise against substituting conventional team meetings with virtual meetings, if possible. Notwithstanding, the virtual/blended Schwartz Rounds still received extremely positive feedback. While awaiting the freedom to be able to hold full, in-person Rounds at the NMH, the findings of this study support blended Rounds as an alternative to in-person Rounds, in order to cater for as many staff members as possible, while following public health guidelines. The findings from this study, however, highlight the importance of utilising the lecture theatre to its current capacity as much as possible. In this fragmented time where people have limited opportunities to get together with colleagues face to face, enhancing the in-person element of the Schwartz Round would enhance discussion and improve attendees experience and outcome of attending the Schwartz Round.

Limitations

Schwartz Rounds and this evaluation study are not without their challenges. The Rounds themselves require logistical and financial commitments. Furthermore, panellist preparation and debriefing

sessions require time from both the panellist and the facilitators. A lack of understanding among staff as to the function of the Round was a barrier, initially. However, as more people attend the Rounds, the more understanding people had, improving attendance, impact and interest. Facilitator expertise is essential when it comes to sticking with the aims and function of the Round and sensitively steering the conversation away from people's instinct to problem-solve¹. To date, in the NMH, this has been achieved successfully.

Other limitations of the Rounds include the availability of staff members to attend the Rounds in a busy maternity environment. Additionally, an interest of staff members to volunteer to be on the panel is an ongoing challenge. It is important to note that the Schwartz Rounds may not be for everyone - Some people may find that discussing emotional topics in a group setting intimidating; Some people feel that they could best spend their time on other tasks; and some are not interested. Some staff members and staff groups have displayed disinterest in attending Schwartz Rounds in the NMH, which is entirely understandable and acceptable. There is no 'one size fits all' intervention for the enhancement of staff well-being¹. A range of approaches, interventions and policies are necessary and these all need to be evaluated and revised as necessary. However, organisation-wide interventions, such as the Schwartz Rounds are key to tackling cultural/environmental factors which may impact on staff well-being¹. This will help to improve cultural norms around the need for staff support and the importance of empathy and compassion for colleagues¹.

The limitations of the evaluation study lie in the small numbers for analysis and that the evaluation took place in one maternity unit in Ireland. The evaluations are completed immediately after the Round. This is done to enhance response rates and reduce recall bias. Therefore, the long-term impact of attending, and indeed being a panellist, could not be deduced. Furthermore, this type of evaluation does not include a control group for comparison. In order to capture the long-term outcome of attending Schwartz Rounds, one would require a robust evaluation, such as a realist evaluation, to determine the impact of the Rounds, as apposed to other causes within the organisation. However, based on this evaluation, this staff intervention appears to be an acceptable approach in a maternity setting in Ireland. Schwartz Rounds have proven an effective method to help to improve working conditions for staff^{12,19}.

Conclusion

The Schwartz Rounds at the National Maternity Hospital were evaluated, and conventional in-person Rounds were compared with virtual/blended Rounds, which included a virtual platform as well as the opportunity to attend in person. The Schwartz Rounds were evaluated extremely positively by staff members from several staff groups within the hospital. The sharing of experiences and emotions had a positive impact on staff members who attended the Rounds, through listening to panellist's stories, and during the discussion that followed. The in-person Rounds received a more favourable response than the virtual and blended Rounds. However, the blended Rounds are a positive alternative to full, in-person Rounds until such a time as social distancing can be reduced.

Schwartz Team

Dr. Anthony McCarthy – Clinical Lead

Sarah Cullen (Bereavement CMS) – Facilitator

Lisa Courtney (CMM1, OPD) - Facilitator

Lucille Sheehy (Clinical Practice Development Co-Ordinator/ADOM) – Facilitator

Jean Doherty (Staff Midwife/Research Midwife) – Administrator

Contact

Should you have any queries regarding the Schwartz Rounds or the Schwartz Round evaluation, or wish to tell a story as a panellist, please contact Jean Doherty, Administrator, at jean.doherty@nmh.ie.



Pictured: Schwartz Round team members: (left to right) Lisa Courtney (Facilitator); Dr. Anthony McCarthy (Clinical Lead); Sarah Cullen (Facilitator); Jean Doherty (Administrator); Lucille Sheehy (Facilitator)

References

- 1 Taylor C, Xyrichis A, Leamy MC, Reynolds E, Maben J. Can Schwartz Center Rounds support healthcare staff with emotional challenges at work, and how do they compare with other interventions aimed at providing similar support? A systematic review and scoping reviews. *BMJ Open* 2018; **8**: e024254.
- 2 Cullen S. Implementing Schwartz Rounds in an Irish maternity hospital. *Ir J Med Sci* 1971 - 2021; **190**: 205–8.
- 3 Gleeson D, Arwyn-Jones J, Awan M, White I, Halse O. Medical Student Schwartz Rounds: A Powerful Medium for Medical Student Reflective Practice. *Adv Med Educ Pract* 2020; **Volume 11**: 775–80.
- 4 Hunter B, Henley J, Fenwick J, Sidebotham, Mary, Pallant J. Work, Health and Emotional Lives of Midwives in the United Kingdom: The UK WHELM study. 2018. <https://www.rcm.org.uk/media/2924/work-health-and-emotional-lives-of-midwives-in-the-united-kingdom-the-uk-whelm-study.pdf>.
- 5 Hayes B, Walsh G, Prihodova L. NATIONAL STUDY OF WELLBEING OF HOSPITAL DOCTORS IN IRELAND. Dublin: Royal College of Physicians in Ireland, 2017.
- 6 Doherty J, O'Brien D. A participatory action research study exploring midwives' understandings of the concept of burnout in Ireland. *Women Birth* 2021; : S1871519221001037.
- 7 Maslach C, Jackson SE. The measurement of experienced burnout. *J Organ Behav* 1981; **2**: 99–113.
- 8 Schaufeli WB, Leiter MP, Maslach C. Burnout: 35 years of research and practice. 2009; : 32.
- 9 Lamothe M, Boujut E, Zenasni F, Sultan S. To be or not to be empathic: the combined role of empathic concern and perspective taking in understanding burnout in general practice. *BMC Fam Pract* 2014; **15**: 15.
- 10 Welp A, Meier LL, Manser T. The interplay between teamwork, clinicians' emotional exhaustion, and clinician-rated patient safety: a longitudinal study. *Crit Care* 2016; **20**: 110.
- 11 Maben J, Taylor C, Dawson J, *et al*. A realist informed mixed-methods evaluation of Schwartz Center Rounds® in England. *Health Serv Deliv Res* 2018; **6**: 1–260.
- 12 Silke A, Rushe H, Keating R, Barrett E. Caring for Caregivers: An evaluation of Schwartz Rounds in a paediatric setting. *Ir Med J* 2019; **112**: 951.
- 13 Adamson K, Sengsavang S, Myers-Halbig S, Searl N. Developing a Compassionate Culture Within Pediatric Rehabilitation: Does the Schwartz Rounds™ Support Both Clinical and Nonclinical Hospital Workers in Managing Their Work Experiences? *Qual Health Res* 2018; **28**: 1406–20.
- 14 Chadwick RJ, Muncer SJ, Hannon BC, Goodrich J, Cornwell J. Support for compassionate care: Quantitative and qualitative evaluation of Schwartz Center Rounds in an acute general hospital. *JRSM Open* 2016; **7**: 205427041664804.
- 15 Mboua CP, Keubo FRN, Fouaka SGN. Anxiété et dépression associées à la prise en charge de la COVID-19 chez les personnels de santé au Cameroun (Anxiety and Depression Associated with the Management of Covid-19 Among Healthcare Workers in Cameroon). *L'Évolution Psychiatr* 2021; **86**: 131–9.
- 16 Jakimowicz S, Maben J. "I can't stop thinking about it": Schwartz Rounds® an intervention to support students and higher education staff with emotional, social and ethical experiences at work. *J Clin Nurs* 2020; **29**: 4421–4.
- 17 Schulze J, Krumm S. The "virtual team player": A review and initial model of knowledge, skills, abilities, and other characteristics for virtual collaboration. *Organ Psychol Rev* 2017; **7**: 66–95.
- 18 Munro AJ, Swartzman S. What is a virtual multidisciplinary team (vMDT)? *Br J Cancer* 2013; **108**: 2433–41.
- 19 Reeves S, Pelone F, Harrison R, Goldman J, Zwarenstein M. Interprofessional collaboration to improve professional practice and healthcare outcomes. *Cochrane Database Syst Rev* 2017; **2018**. DOI:10.1002/14651858.CD000072.pub3.

